PATENT APPLICATION TEE DETERMINATION RECORD Effective December 8, 2004									Ар	Application or Docket Number			
CLAIMS AS FILED - PART I								SMALL EN	ITITY	$\frac{IU}{I}$	OTHE	RTHAN	
U.	S NATIONAL	. STAGE FEES	(Column 1)		(Column 2)		7	TYPE		OR		ENTITY	
						···		RATE	FEE		RATE	FEE	
BASIC FEE			SMALL ENT. = \$ 150		LARGE ENT. = \$ 300			BASIC FEE		OR	BASIC FEE	271	
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50/\$100		All other situations = \$ 100 / \$ 200			EXAM. FEE		1	EXAM. FEE	107	
SEARCH FEE			U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400		All other situations = \$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	47/	
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 =			X \$ 125 =	1	1	X \$ 250 =	IM	
TOTAL CHARGEABLE CLAIMS			(minus 20 =)					X \$ 25 =	 -	OR			
INDEPENDENT CLAIMS			Uminus 3 = ,		. 7			X \$ 100 =	 	-		no	
MULTIPLE DEPENDENT CLAIM PRE			ESENT		/ -			+ \$ 180 =	<u> </u>	OR	X \$ 200 =	du	
* If	the difference	e in column 1 is	less than zero	o, enter "0	" in co	olumn 2				OR	+ \$ 360 =		
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL								IOIAL	L	OR	TOTAL	// <i>///</i> /	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
	(Column 1)			(Column 2) (Column 3)				SMALL E	NTITY	OR	SMALL E		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	İ	X \$ 25 =		OR	X \$ 50 =	FEE	
	independent	*	Minus	***		=	ł	X \$ 100 =		OR			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					ŀ	+ \$ 180 =			X \$ 200 =			
							Ļ	TOTAL ADDIT.		OR	+ \$ 360 =		
	•							FEE		OR	FEE		
_		(Column 1) CLAIMS		(Columi		(Column 3)							
2 -		REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA	Ī	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	T	X \$ 25 =		OR	X \$ 50 =		
	Ind ependent	*	Minus	***		= .	上	X \$ 100 =		OR -	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					F	+ \$ 180 =		OR	+ \$ 360 =			
							Ļ	OTAL ADDIT.		L.	OTAL ADDIT.		
								FEE L		OK	FEE (
*** H	the "Highest Nun	nn 1 is less than the nber Previously Paid nber Previously Paid ber Previously Paid I	For" IN THIS SPA	CE is less th	nan '20',	enter "20".	the a	appropriate box i	n column 1.				

FORM PTO-875 (Rev. 02/2005)

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